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APPLICANTS

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**** CONTINUING DATA *******

none *dc*

**** FOREIGN APPLICATIONS *******

none *dc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Dan Lohr</i> <i>dc</i> Examiner's Signature Initials				

ADDRESS

41696

TITLE

Apparatus and methods for reducing compression bone fractures using high strength ribbed members

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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